

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>	<i>62814</i>	<i>7/15/00</i>
O.I.P.E. CLASSIFIER	<i>SW</i>	<i>32</i>	<i>7/10</i>
FORMALITY REVIEW	<i>RF</i>	<i>70816</i>	<i>08-23-00</i>
RESPONSE FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>11-13-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	199	6
2	✓	030404	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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